



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Lui-Kwan	Ivan	M.	(808) 537-6100
MAILING ADDRESS (Street)			FAX
733 Bishop Street, Suite 1900			(808) 537-5434
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Starn O'Toole Marcus & Fisher			(808) 537-6100
MAILING ADDRESS (Street)			FAX
733 Bishop Street, Suite 1900			(808) 537-5434
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Laumaka LLC		
MAILING ADDRESS (Street)	FAX	
3170 Noela Place		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96815
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Patrick Shin		
MAILING ADDRESS (Street)		FAX
3170 Noela Place		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96815

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (Indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

I. D. C. IL

(Signature of Lobbyist)

March 27, 2006

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Patrick Shin			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Laumaka LLC		227-2901	
MAILING ADDRESS (Street)		FAX	
3170 Noela Place			
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96815	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

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(Signature of Authorizing Officer or Person Represented)

3-28-06

(Date)